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## APPLICANTS

Robert J. Apel, Columbus, OH;

\*\* CONTINUING DATA \*\*\*\*\*

None E.G.

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None E.G.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 17	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Not after allowance				
Verified and Acknowledged	Examiner's Signature <i>Robert J. Apel</i>	Initials RJA		

## ADDRESS

08698  
 STANDLEY LAW GROUP LLP  
 495 METRO PLACE SOUTH  
 SUITE 210  
 DUBLIN, OH  
 43017

## TITLE

Directed lifestyle residential housing structures

FILING FEE  RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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